

<p style="text-align: center;"><b>UXBRIDGE PLANNING BOARD</b> <b>FORM C</b> <b>APPLICATION FOR DEFINITIVE PLAN APPROVAL</b></p>
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Date: \_\_\_\_\_

Project Name \_\_\_\_\_

To the Planning Board of the Town of Uxbridge:

The undersigned, being the applicant as defined under chapter 41, § 81-L, for the definitive approval of a proposed subdivision shown on a plan entitled: \_\_\_\_\_  
designed by \_\_\_\_\_, dated \_\_\_\_\_ and  
described as follows: \_\_\_\_\_ located \_\_\_\_\_

Assessor's Map(s): \_\_\_\_\_, Parcel(s): \_\_\_\_\_  
number of lots proposed \_\_\_\_\_, total acreage of tract \_\_\_\_\_, hereby submits said plan as a  
DEFINITIVE subdivision plan in accordance with the Rules and Regulations of the Uxbridge Planning Board  
and makes application to the Board for Approval of said plan.

The undersigned's title to said land is derived from \_\_\_\_\_  
by deed dated \_\_\_\_\_ and recorded in the Worcester County District Registry of Deeds, in Book  
\_\_\_\_\_ Page \_\_\_\_\_, and/or registered in the \_\_\_\_\_ County Registry District of the Land  
Court, Certificate of Title No. \_\_\_\_\_; and said land is free of encumbrances except for the  
following: \_\_\_\_\_

Said plan has ( ) has not ( ) evolved from a preliminary plan submitted to the Board on (date) \_\_\_\_\_  
and approved ( ); approved with modifications ( ); or disapproved ( ) filed with the Town Clerk on (date  
decision filed with town clerk) \_\_\_\_\_.

The undersigned hereby applies for the approval of said DEFINITIVE plan by the Board, in belief that the plan  
conforms to the Board's Rules and Regulations.

Applicant's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Continued

Engineering Firm: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Engineer's Address: \_\_\_\_\_

Engineer's Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Land Surveying Firm: \_\_\_\_\_

Land Surveyor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Land Surveyor's Address: \_\_\_\_\_

Land Surveyor's Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Who will serve as the single point of contact for the application?:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ALL OWNERS ARE REQUIRED TO SIGN THIS FORM OR OTHERWISE AUTHORIZE THE APPLICANT TO ACT ON THEIR BEHALF. Use additional sheets as necessary.**

Owner's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Owner's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Received by the Town Clerk:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Received by the Board of Health:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Refer To Subdivision Rules And Regulations  
For A Complete List Of Materials To Be Submitted With Application.